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		(A)	Fee(s) Transmittal. Thi ers. Each additiona	s certificate can I paper, such as	not be used for an assignment	r any other accompanying		
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					·		(Signature)		
					•		(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ZENTOR ATTORNEY DOCKET NO. CONFIR			CONFIRMATION NO.		
10/538,752	06/10/2005		Reinhold Schneider 37934-217269 1632						
			THE CONCENTRATION	NS OF DYES AN	D/OR PARTIC	LES IN LIQU	JID OR		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE TOTAL	FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$720	\$300	\$0		\$1020	04/15/2008		
EXAMINER ART UNIT			CLASS-SUBCLASS	05/55/50	108 CHGUYEH3	00000041 22	0261 10538752		
STAFIRA, MICHAEL PATRICK		2886	356-432000			0.00 DA			
CFR 1.363). Change of corresp Address form PTO/S "Fee Address" ind	nondence address (or Cha B/122) attached. lication (or "Fee Address 02 or more recent) attach	nge of Correspondence	(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent atto	up to 3 registered patent attorneys ematively, single firm (having as a member a sy or agent) and the names of up to that attorneys or agents. If no name is					
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recordation as set fort (A) NAME OF ASSI	th in 37 CFR 3.11. Comj GNEE	pletion of this form is NO	(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
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a. Applicant claim		us. See 37 CFR 1.27.							
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Authorized Signature	_GHla	Monhee		Date <u>Feb</u>	ruary 21	, 2008			
Typed or printed nam	e Catherine	M. Voorhees	J	Registration N	io. <u>33,0</u>	74			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Effec	Complete if Known												
Fees pursuant to the Consolid	Application Num	ber	10/538,752-Cd	0/538,752-Conf. #1632									
FEE TR	Filing Date		June 10, 2005										
	First Named Inve	entor	Reinhold Schneider										
Foi	Examiner Name		M. P. Stafira										
X Applicant claims small entity status. See 37 CFR 1.				Altonic		2886							
TOTAL AMOUNT OF PAYN	IENT	(\$) 1,020.00	Attorney Docket No. 37934-217269										
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
x Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP													
For the above-ide	ntified deposit	account, the Dire	ctor is	hereby authorize	d to: (che	eck all that apply)							
x Charge feet	(s) indicated be	elow		Charge	e fee(s) in	ndicated below, e	xcept for th	ne filing fee					
Charge any	additional fee	(s) or underpayme	ents o	f x Credit	any overp	payments							
FEE CALCULATION													
1. BASIC FILING, SEAR	CH. AND EXA	MINATION FEES				· · · · · · · · · · · · · · · · · · ·							
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Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)					
Utility	310	155	510	255	210	105							
Design	210	105	100	50	130	65							
Plant	210	105	310	155	160	80							
Reissue	310	155	510	255	620	310							
Provisional	210	105	0	0	0	0							
2. EXCESS CLAIM FEES	3							Small Entity					
Fee Description							Fee (\$)	Fee (\$)					
Each claim over 20 (incl	_						50	25					
Each independent claim		ing Reissues)					210	105					
Multiple dependent clain	18				_		370	185					
		Fee (\$)	Fee Paid (\$)		-	Multiple Depende							
HP = highest number of total	X	greator than 20			<u> </u>	ee (\$)	Fee Paid (51					
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-3 =	X	=		αια (ψ)									
HP = highest number of indep	endent claims pa	id for, if greater than 3	3.										
3. APPLICATION SIZE F		. 1 100 -b C		/14!1 -		C1. d		•					
If the specification and listings under 37 CF sheets or fraction the	R 1.52(e)), the	application size	fee di	ie is \$260 (\$130 f				0					
Total Sheets	Extra Sheets	Number of	each a	edditional 50 or frac			<u>Fee</u>	Paid (\$)					
		/50 =		(round up to a who	ole number) ×	=	D-14 (A)					
4. OTHER FEE(S)	ation #1204	oo (no amali anti-	v dia-	ount)			<u>rees</u>	Paid (\$)					
Non-English Specific	720.00												
Other (e.g., late filing surcharge): 1501 Utility issue fee 720.00 1504 Publication fee for early, voluntary, or normal 300.00													
SUBMITTED BY	an/	#35.	142										
1 //	m 2	Varia		Registration No. (Attorney/Agent)	33,074	Telephone	(202) 34	4-4000					
Name (Print/Type) Cather		ees				Date	February	21, 2008					